

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539336

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/			/		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	14	↔	14	↔		↔
TOTAL CLAIMS	10	[REDACTED]	10	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]